

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 6.1
TITLE: DIGESTIVE SYSTEM

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2), and (c)(3)

I. EFFECTIVE DATE

August 26, 1985

II. PROCEDURE CODE(S)

31505-31595, 40490-40831, 40899-47362, 47371-47379, 47381, 47399-49999, 74230, 76120-76125, 91123, 91299, and 96570-96571

III. DESCRIPTION

The digestive system involves the organs associated with the ingestion, digestion, and absorption of nutrients, and the elimination of solid waste.

IV. POLICY

A. Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the digestive system are covered.

B. Wireless capsule endoscopy in obscure digestive tract bleeding suspected to be of small bowel origin is covered. Indications for wireless capsule endoscopy are:

1. for diagnosis of documented, continued, occult gastrointestinal blood loss and/or anemia,
2. when the site of blood loss remains obscure in spite of examinations by standard radiological endoscopy such as an upper gastrointestinal endoscopy, colonoscopy, push enteroscopy or radiologic procedures. This is a prerequisite for a capsule endoscopic evaluation, and

3. for the diagnosis of Crohn's disease, when the condition has not been previously confirmed. It is limited to those patient's who are symptomatic for Crohn's disease (e.g., diarrhea, GI bleeding, abdominal pain) and when they have undergone complete lower gastrointestinal studies (i.e., colonoscopy, barium enema, stool specimen) and when these studies have failed to reveal the source of the patient's symptoms.

V. POLICY CONSIDERATIONS

Claims for cinematography (cineradiography) of the digestive tract will be forwarded to medical review.

VI. EXCLUSIONS

A. Vestibuloplasty (preparation for dentures).

B. Endoscopic suturing, radiofrequency energy delivery, or implantation of inert polymers for treatment of gastroesophageal reflux disease.

C. Virtual colonoscopy.

D. Radiofrequency ablation of one or more liver tumor(s) (CPT procedure codes 47370, 47380, and 47382).

E. Wireless capsule endoscopy, except as indicated under policy.

END OF POLICY